

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535107

FILING DATE

4-28-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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17		1				
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22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
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30	1					
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33		1				
34	1					
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37	1					
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47						
48						
49						
50						
TOTAL IND.	7		↓		↓	↓
TOTAL DEP.	30	←	←	←	←	←
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						